



**DEPARTMENT OF THE ARMY**  
**US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND**  
**504 SCOTT STREET**  
**FORT DETRICK, MD 21702-5012**

MCMR-OPS

9 JAN 2004

MEMORANDUM FOR Commanders, United States Army Medical Research and Materiel Command (USAMRMC)

SUBJECT: USAMRMC FY 2004 Command Training Guidance

1. Purpose: To provide all USAMRMC subordinate commanders with initial guidance, direction, and focus for the planning and execution of training for FY 2004.

2. Scope: This command training guidance applies to all of the Officers, Warrant Officers, and Enlisted soldiers assigned to the USAMRMC and serves as the basis for the development, planning and execution of training Soldiers to fight and win on today's battlefield.

3. Mission:

a. Project and sustain a healthy and medically protected force.

b. Be the agent of transformation for the objective medical force.

c. Enhance the care of service members and the military family by leveraging medical solutions.

4. Commander's Philosophy: USAMRMC is composed of the world's finest military medical healthcare professionals. We have the unique challenge to provide a world-class medical focus in research and development, logistics, advance technology, acquisition, health facility design and IM/IT systems that support the Soldier on the battlefield. Our success stems from the strength derived in training to standard and training as we fight. Commanders at all levels must provide clearly defined and measurable training objectives that are executable based on available resources. Continuously assess the effectiveness of your training, refine the training plan based upon that assessment, and develop metrics that clearly reflect your readiness.

SUBJECT: USAMRMC FY 04 Command Training Guidance

5. Training Guidance: Focus on training that increases soldier readiness, builds leader-team development, challenges technical and tactical proficiencies, and enforces survivability skills. Always train to an established Army standard, provide realistic training scenarios and opportunities, document all training events, and always conduct final AARs immediately. The following areas are critical elements of unit training and will be your priority.

a. Safety. Leaders will ensure there is a thorough risk assessment and management plan throughout the coordination and execution phase of all scheduled and unscheduled training according to FM 100-14. Additionally, enforce proactive environmental countermeasures to support and safeguard our soldiers against any illness, contamination or possible financial liability associated with environmental concerns. Integrate risk management practices that will not unnecessarily expose personnel and equipment to the risk of injury, illness, and accident. Complete annual risk management familiarization training. This training should cover the risk management elements described in AR 385-10 and MEDCOM Pam 385-6.

b. Chief of Staff of the Army (CSA). IAW CSA guidance, Commanders will not schedule training during weekends while in garrison unless the requirement is deemed mission essential and the first general officer in the chain in command has approved the exception.

c. Soldier Readiness. Training on technical skills is vital to our research, development, and acquisition missions. This training supports the entire force and is instrumental to our success as the USAMRMC. Training soldiers on tactical level skills ensures our Soldiers who deploy have the knowledge and ability to defend themselves and support their assigned unit. Train soldiers to survive on today's unforgiving battlefield by utilizing FM 7-0 and FM 7-1 as well as the eight-step training model.

6. Training Priorities: The following are training priorities for the Soldiers and leaders within the USAMRMC:

a. Service Training. Units and Soldiers must be proficient in their core competencies and war-fighting skills to be effective on the modern battlefield. A unit must have a strong foundation in its service competencies before it can effectively function in a joint or combined environment.

SUBJECT: USAMRMC FY 04 Command Training Guidance

b. 91W Transition and Sustenance. Leaders must actively manage the 91W transition to provide our Soldiers with the opportunity to successfully complete all prerequisites and meet the required standards of this program. Units must develop sustenance training plans now to ensure Soldiers meet CEU and skills validation requirements. Conduct the Semiannual Combat Medic Skills Validation Test (SACMS-VT) twice a year, evaluating each 91W IAW TC 8-800. Post all applicable training and evaluations to the MEDPROS 91W tracking module as soon as possible after the event. Annotate in counseling folders all training and CEUs that have been accomplished during monthly and quarterly counseling sessions

c. Common Military Training (CMT). Complete CMT requirements as identified in AR 350-1, MEDCOM 350-4, and USAUSAMRMC mandatory training spreadsheet.

d. Army Physical Fitness Training (APFT). Physical fitness is a cornerstone of building warriors who can fight and win on the modern battlefield. Soldiers merely passing the APFT should not be the goal. We must instill in our soldiers the mental and physical strength required to survive and win in combat and therefore excel in their physical fitness test. Maintain aggressive physical fitness programs IAW AR 350-1, FM 21-20, and MEDCOM 350-4.

e. Common Task Testing (CTT). Complete CTT as designated per skill level. There is no CTT requirement for E-8 and above but include PROFIS senior NCOs / Officers whenever possible.

f. Sergeant's Time Training (STT). Institute 2 hours of STT monthly as a regular part of the unit's training program. The training should include troop leading procedures, instructional techniques and individual common skill tasks, and focus on the negative trends from the Combat Training Centers and offer an equal blend of performance-oriented training and classroom type presentations. Support the tenets of FM 7-0 by challenging first line leaders to support your Sergeant's Time Training program. Concentrate STT on tactical skills that enforce Battle Focused Training such as:

- Actions on Contact
- Individual Movement Techniques
- Basic Rifle Marksmanship (Qualify W/Flack Jacket)
- Weapons safety (i.e. muzzle discipline)

9 JAN 2004

NBC  
First Aid  
Land Navigation  
Map Reading  
Survival  
React to Fire

STT must fit into the unit's overall training program and training plans. Sergeant's time is dedicated training time for Noncommissioned Officers (NCOs) to train Soldiers and develop junior enlisted soldiers.

g. NBC. Train Soldiers on the individual protective measures of NBC defense to survive on the battlefield. The second requirement is medical NBC training that will endow our health care providers with the skills, knowledge and resources necessary to deliver the full spectrum of health care responsibilities in an NBC environment.

(1) Individual Protection. Train NBC defense standards as published in Soldier's manuals, STPs, MTPs, and civilian training plans.

(2) Medical NBC Training. Medical NBC training will educate USAMRMC personnel to the breadth and depth required to equip them with the skills, knowledge and resources necessary to carry out the full spectrum of health care responsibilities in an NBC environment. Specifically, the training will cover one or more of the following topics (dependent upon the professional specialty of the Soldier):

- Casualty Care for direct care providers
- Casualty Prevention for veterinary and preventive medicine personnel
- Casualty Management for medical planners, logisticians and medical regulation personnel

h. PROFIS Training. All PROFIS personnel will complete a minimum of 5 days of collective training IAW DoDI 1322.24 and AR 601-142. All PROFIS training should be captured in the Individual Training Record (ITR) in MODS. Training will be in the field environment and can be conducted in many ways. Use innovative and aggressive techniques to get your assigned PROFIS personnel qualified and trained. Commanders are tasked to understand the training requirements outlined in MEDCOM Reg 350-

SUBJECT: USAMRMC FY 04 Command Training Guidance

4 and AR 601-142 (Army Medical Department Professional Filler System) and ensure that they are met. Weapons training on the assigned PROFIS personnel must be conducted within the past three calendar years IAW MEDCOM Reg 350-4.

(1) Annually, all PROFIS will participate in collective training for 5 days. Days may be non-consecutive and do not need to encompass an entire 24-hour period (8 hours training is considered one 'day'). Reference Health Affairs DODI 1322.24, PROFIS, CT PROFIS, and Multi Compo PROFIS will train with their assigned operational unit at a minimum of 5 days every 3 years (preferably annually). AC-RC PROFIS are required to complete 5 days of collective training annually with their designated RC unit.

(2) Commanders should use every available opportunity for PROFIS designees to participate in Field Training Exercises (FTX's), and/or Command Post Exercises, with their designated units or like unit(s). Determination of collective training credit is at the commander's discretion. See MEDCOM Reg 350-4 for a suggested list of training topics appropriate for collective training.

(3) To determine applicability of collective training for credit, the commander should assess the training event as it relates to the designated unit's METL (e.g. DEPMEDS equipment set up outside a fixed facility utilized to provide healthcare meets the criteria.) Training credit may be appropriate through deployments to training centers and operational mission taskings with other units during the years not training with the assigned operational unit.

(4) All enlisted PROFIS (whether they are assigned a weapon or not) will train on the M16 rifle, or on the type of weapon their designated unit assigns. Training criteria for Enlisted PROFIS with a M16 will consist of day record fire. NBC and night fire are encouraged but not mandatory. Enlisted PROFIS assigned a M9 pistol in their operational unit will fire on the Combat Pistol Qualification Course.

(5) All officer PROFIS (whether they are assigned a weapon or not) will train with a weapon every 3 years. PROFIS officers will use the 9mm or the same type of weapon they will be assigned in their designated unit. M9 pistol training will consist of the Combat Pistol Qualification Course. M16 training will consist of day fire. This is a policy change from the

SUBJECT: USAMRMC FY 04 Command Training Guidance

MEDCOM 350-4. The revision of MEDCOM 350-4 will reflect this change.

(6) The MEDCOM goal for FY05 will be to integrate PROFIS weapons training from a 3-year requirement to an annual requirement. Every attempt to incorporate this into current unit training plans should be made in order to facilitate transition to the new standard.

i. Anti-terrorism (AT)/Force Protection. Always maintain vigilance and awareness inside and outside your area of responsibility. AT is everyone's responsibility and saves lives. Continue to meet the annual training requirements of AT Level I Awareness Training IAW AR 525-13. Make sure that your soldiers are fully screened, trained and authorized to execute critical force-protection tasks.

j. NCO Professional Development Program (NCODP). All USAUSAMRMC subordinate units will maintain an NCODP program. Units must have an organized program designed to teach junior leaders to accept increased responsibility. NCOs must understand the tasks and standards at one rank above their own in order to communicate tasks and standards to their Soldiers. NCODP will be scheduled on your unit's training calendar and will meet the minimum standard of 2 hours per month.

k. Officer Development Program (ODP). Commanders will design their ODP programs to foster the warfighter spirit. Use your ODP program to reinforce among your officers that we belong to a guild of warfighter built with a common bond. OPD events must be well planned and supported by sufficient resources; they must not be considered routine training events and should be reflected on long and short range training plans.

l. ACQ 101/102 Training. Commanders will ensure all officers complete ACQ 101/102 training, for medical applications.

m. Off-duty Education. Off-duty education is an important way to improve the overall skills and abilities of the fighting force. The development of individual Soldiers improves their performance and enables them to reach their career goals. We must support and encourage off-duty education.

n. Distance Learning (DL). Utilize DL and VTT to the maximum extent possible to accomplish training requirement.

9 JAN 2004

Leaders are encouraged to utilize the Lessons Learned Web site <http://enterpriseconsultancy.cs.amedd.army.mil/lessonslearned/>.

o. Medical Occupational Data System (MODS) Modules.  
Familiarize and utilize the tools available in the Medical Occupational Data System (MODS). New modules include Individual Medical Readiness, Individual Training Record, 91W, and Active Duty Medical Extension. This e-business portal is available at <http://www.mods.army.mil/>. Leaders at every level must possess a MODS password to validate all training conducted.

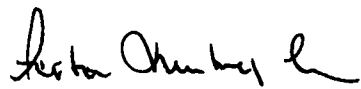
7. Training Management.

a. The Training Management Process. IAW FM 7-0 and FM 7-1 training will be "locked in" 6 weeks in advance. Changes to the schedule within 3 weeks before the training should be avoided, except to accommodate major taskings from higher headquarters.

b. After-Action Reviews (AARs) and Training Assessments.  
Commanders will make AARs a planned activity in all training events. Observations made during AARs will be used to support unit-training assessments. Commanders must conduct regular training assessments as part of their training-management reviews. Frequent, informal assessments made during training meetings or after training events and formal assessments performed after major training events will provide commanders an accurate overview of unit proficiency. Training assessments keep the unit-training relevant and ensure training resources are used effectively.

8. Direct all questions and comments through the USAMRMC, DCSOPS at (301)619-3312.

Encl

  
LESTER MARTINEZ-LOPEZ  
Major General, MC  
Commanding



## Enclosure 1 to USAMRMC Command Training Guidance

### MRMC Mission

Project and sustain a healthy and medically protected force.

Be the agent of transformation for the objective medical force.

Enhance the care of service members and the military family by leveraging medical solutions.

### MRMC METL

Project and sustain a medically protected force

Deploy a trained and equipped medical force that supports the Army Transformation

Manage the care of the Soldier and Military Family